

**Early and Periodic Screening, Diagnosis, and Treatment Special Services  
(EPSDT)  
Provider Type 45  
907 KAR 1:034**

**Information about the program:**

- An entity or individual can apply for this provider type.
- Provider must have "bricks and mortar".
- Out-of-state providers may enroll (see 907 KAR 3:035).
- Provider must obtain a Certificate of Need, if applicable.
- The requirements for this provider type are consistent with what the applicant would normally qualify for when enrolling through traditional Medicaid.
- Providers must meet 907 KAR Chapters 1 and 3 participation requirements.

**Additional information to be submitted by the provider for application processing if the provider is not currently enrolled in Medicaid:**

- MAP-811 Non-Credentialed
- MAP-811 Addendum E
- State license (current and reflecting requested enrollment date)
- Copy of Social Security card or notarized statement signed by the applicant if the applicant does not own a tax id.
- If applicant owns a tax id, then need to submit W-9.
- Medicare Letter (if applicable)
- NPI and Taxonomy Verification (If applicable)

**Information to be submitted by the provider for application processing if the provider is CURRENTLY enrolled in Medicaid:**

- MAP-814
- NPI and Taxonomy Verification (If applicable)

**NOTE: Primary Care Centers, Rural Health Centers, Impact Plus providers, Non-Emergency Transportation providers, QMB Only providers and Waiver Service only providers may not enroll as EPSDT Special Services providers.**

**Important addresses:**

KY Medicaid  
Provider Enrollment  
P.O. Box 2110  
Frankfort, KY 40602